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CONFIRMATION NO. 9462

<b>SERIAL NUMBER</b> 10/764,691	<b>FILING OR 371(c) DATE</b> 01/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 49122-0142(297109)
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## APPLICANTS

Gary L. Bowlin, Mechanicsville, VA;  
 Gary E. Wnek, Midlothian, VA;  
 David G. Simpson, Mechanicsville, VA;  
 Philippe Lam, San Bruno, CA;  
 Marcus E. Carr JR., Midlothian, VA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/946,158 09/04/2001 ABN which is a CIP of 09/654,517 09/01/2000 ABN and claims benefit of 60/241,008 10/18/2000 and claims benefit of 60/270,118 02/22/2001 and is a CON of 09/714,255 11/17/2000 ABN which is a CIP of 09/512,081 02/24/2000 ABN which is a CIP of 09/386,273 08/31/1999 PAT 6,592,623 and claims benefit of 60/121,628 02/25/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
 05/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 5	TOTAL CLAIMS 22 4	INDEPENDENT CLAIMS 8 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

Beth E. Arnold  
 Foley Hoag LLP  
 155 Seaport Boulevard  
 Boston, MA 02210-2600

## TITLE

Electroprocessed fibrin-based matrices and tissues

<b>FILING FEE RECEIVED</b> 468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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